



## **California Medical Waste Management Program MEDICAL WASTE HAULERS DATA SUBMISSION PROTOCOL**

Health and Safety Code, Section 118029, requires medical waste haulers to submit to the California Department of Public Health (CDPH) a quarterly list of all medical waste generators that they service. Because of the large amount of data that must be compiled, CDPH is requiring haulers to file this information with the Medical Waste Management Program in an electronic format. Quarterly reports on generators will be required within 10 days of the close of the calendar quarters ending March 31, June 30, September 30, and December 31.

The data submitted must meet the following specifications:

Data must be sent as an attachment via electronic mail.

Data files must be accessible from IBM PC-compatible computers. Excel Format of the data is strongly preferred; if a Mac-based program is used, please save the file in PC format or ASCII.

Any program capable of generating a tab-delimited text file in ASCII format may also be used. A tab-delimited ASCII file is simply a text or character file where tabs are used to separate the fields in each record. Saving a file in ASCII format is an option available on almost all word processors, spreadsheets, databases, and accounting programs.

DBase, Lotus, FileMaker Pro, Excel, and/or Access may be used to generate the required data.

The data file submitted must contain one record for each medical waste generator facility serviced including generators while contracted with another hauler. Each record must contain all the required fields, even if the field is blank because the data is not available. On the next page is a list of the required field names and an explanation of what each field should contain. The field names are shown in upper case and should be defined exactly as listed. All fields should be text (character) fields. Number, date, calculated, or other types of fields should not be used.

Please electronically mail the data to: [ginger.hilton@cdph.ca.gov](mailto:ginger.hilton@cdph.ca.gov)

If you are unable to email the quarterly reports, please mail them to:

**California Department of Public Health  
Medical Waste Management Program  
P.O. Box 997377 (Mail Station 7405)  
Sacramento, CA 95899-7377**

# **Medical Waste Transporters Data Submission Example Spreadsheet**

Hauler Name:  
Hauler DTSC Registration #:  
Quarter and Year \_\_\_\_\_

(A) Contact	(B) Business Name	(C) Address Number and Street*	(D) City	(E) ZIP Code	(F) County	(G) Phone	(H) Biohazardous (Sharps & Red Bag Waste)**	(I) Chemo**	(J) Path**	(K) Pharm**
							<b>Total</b>	<b>Total</b>	<b>Total</b>	<b>Total</b>
							<b>Overall Total (H thru K)</b>			

**NOTES:**

\* Including suite numbers

\*\*The amounts must be reported in pounds (estimated weights are acceptable using the “<” or “>” symbols). If records kept at your company are by container count or volume, please show an estimate using “<” or “>” symbols—e.g., <50 lbs. or <10 lbs.